



**MONTANA
MAIN STREET**
MONTANA DEPARTMENT OF COMMERCE

MONTANA MAIN STREET PROGRAM
Application for Planning & Project Grant Funding

Grant Applications Due November 16, 2018

DOCCDD@mt.gov

comdev.mt.gov/Programs/MainStreet

Applicant Community: _____

Project: _____

Date Submitted: _____

Introduction

The Montana Main Street Program (MMS) is a state-funded program established in 2005 as a collaborative effort between the Community Development Division and the Montana Office of Tourism at the Montana Department of Commerce. The program is dedicated to bettering the economic, historic, and cultural vitality of Montana downtowns. The program helps local governments and Main Street Partners by offering technical assistance and expertise to member communities as well as awards competitive grant funding to communities focusing on planning and projects directly related to downtown revitalization, economic development, and historic preservation. Main Street Grant program applications, grant application guidelines, grant administration manual, and other relevant information and resources are available on the Department of Commerce website at comdev.mt.gov/Programs/MainStreet. Interested persons can also email MMS Program staff at DOCCDD@mt.gov or call staff at (406)-841-2770 regarding any questions they may have about the Main Street Program.

All Main Street Grants approved are dependent upon the availability of funding. Applications are accepted annually and the deadline for submitting grant applications for funding is **November 16, 2018**.

Alternative accessible formats of this document will be provided upon request. If you need this document in an alternative format, such as large print, Braille, audio tape, or computer diskette, please contact the Montana Department of Commerce Community Development Division at (406) 841-2770, TDD (406) 841-2702, or the Relay Services number, 711.

The Department of Commerce does not discriminate on the basis of disability in admission to, access to, or operations of its program, services, or activities. Individuals who need aids or services for effective communications or other disability-related accommodations in the programs and services offered are invited to make their needs and preferences known. Please provide as much advance notice as possible for requests.

ELIGIBILITY FOR MAIN STREET ASSISTANCE

In order to be eligible for competitive assistance from the Montana Main Street Program, an applicant must be an official member of the state program, as an affiliate, designated, or certified community.

CRITERIA FOR AWARD OF MAIN STREET ASSISTANCE

In accordance with the goals of the Montana Main Street Program, competitive planning & project grant funding will be awarded based on the extent to which the proposed project:

- (a) Emphasizes downtown revitalization and historic preservation;
- (b) Incorporates the Main Street Center Four Point Approach™;
- (c) Is able to secure matching funds and identify/secure additional funding;
- (d) Demonstrates unified local effort and support; overall ability to fulfill project plan/goals;
- (e) Implements an existing long-range plan, or supports ongoing planning efforts;
- (f) Applicant community has submitted required Montana Main Street reinvestment statistics.

The Department retains sole discretion to approve, deny, modify, or table a request for grant assistance based upon the criteria identified above.

AWARDING MAIN STREET ASSISTANCE FUNDS

All eligible applications will be accepted after the opening date and will be awarded on a revolving basis as funding allows. All submissions (including those sent electronically) must forward the original signed applications to:

Department of Commerce,
Community Development Division,
CEV-Montana Main Street Program,
P.O. Box 200523
Helena, MT 59620-0523
Phone: 406-841-2770,

or upload to <https://transfer.mt.gov> referencing the e-mail: doccdd@mt.gov

PLEASE NOTE: Applications reviewed on a revolving basis beginning **November 16, 2018.**

Provide a brief description of proposed planning/project activity (one to two sentences)

Description: _____

Location: _____

Located in a designated Opportunity Zone? _____

(To confirm please visit <http://comdev.mt.gov/programs/opportunityzones>)

SECTION A – CERTIFICATION

The Chief Executive, Mayor, or City Manager of the applicant community must sign to certify that to the best of the official's knowledge and belief, the information provided in the application and the attached documents is true and correct. Applicant must certify that the proposed project complies with all state, federal, and local laws, ordinances, and regulations, including any necessary environmental review and procurement requirements.

Name (printed): _____

Title (printed): _____

Signature: _____ Date: _____

SECTION B – SUMMARY INFORMATION

1. Name of Applicant: _____

2. Mailing Address: _____

3. Type of Entity: _____

4. Federal Tax ID Number: _____

5. Type of Project: _____

6. DUNS Number: _____

**CHIEF ELECTED OFFICIAL/AUTHORIZED
REPRESENTATIVE:**

(Name)

(Title)

(Street/PO Box)

(City)

(Zip)

(Telephone)

(Fax No)

(Email)

PROJECT ENGINEER/ARCHITECT (if applicable):

(Name)

(Title)

(Street/PO Box)

(City)

(Zip)

(Telephone)

(Fax No)

(Email)

LEGAL COUNSEL/ATTORNEY:

(Name)

(Title)

(Street/PO Box)

(City)

(Zip)

(Telephone)

(Fax No)

(Email)

**PRIMARY CONTACT PERSON (if different from
CEO/Auth Rep):**

(Name)

(Title)

(Street/PO Box)

(City)

(Zip)

(Telephone)

(Fax No)

(Email)

GRANT/LOAN ADMINISTRATOR (if applicable):

(Name)

(Title)

(Street/PO Box)

(City)

(Zip)

(Telephone)

(Fax No)

(Email)

CLERK/CHIEF FINANCIAL OFFICER:

(Name)

(Title)

(Street/PO Box)

(City)

(Zip)

(Telephone)

(Fax No)

(Email)

PROJECT PARTNERS

Please list all project partners/contacts for the project:

Contact	Organization

PROJECT FUNDING

Please list all funding sources for the project, the amount committed, and whether commitment is pending or firm:

MONTANA MAIN STREET GRANT FUNDS REQUESTED: \$ _____		
OTHER FUNDING SOURCES:	AMOUNT	<u>STATUS OF COMMITMENT</u> (Pending or Firm)
<i>Local match (required for affiliate communities)</i>	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL ESTIMATED PROJECT COST	\$	

Note: Please attach a letter of commitment for each funding source and/or organization listed above that provides all or part of the required local match.

PROJECT IMPLEMENTATION SCHEDULE

Please provide a brief timeline of when the project will begin and conclude, identifying key deliverables and general timeframes using the format below:

TASK	MONTH
COMPLETION DATE:	

DETAILED PROJECT PROPOSAL

Please attach a detailed project proposal explaining your need for grant assistance as it relates to the award criteria. Please incorporate maps, photos, plans and other visual supplements as necessary that will support your proposal. Be sure to address each of the following prompts:

- (a) Please describe the need for the proposed project and how it will benefit the downtown community and support long term goals. Does the project address any of the National Main Street Four Points?
- (b) Please detail how your request relates to any previous or concurrent larger planning efforts (downtown revitalization plan, growth policy, historic preservation plan, etc.) in the community.
- (c) Describe the availability of matching funds and whether additional funding has been identified and/or secured at this time (this may include other grant sources, loans or cash on hand from the organization or local government entity).
- (d) Describe the local effort and support for the project to date, as well as the community's overall ability to complete the proposed project in accordance with the attached implementation schedule.

Note: If project includes historic building rehabilitation or a façade improvement, then applicant is strongly encouraged to contact the State Historic Preservation Office for feedback and advice to maintain the historic integrity of the building. Link: <https://mhs.mt.gov/Shpo>.